

**ARIZONA CORPORATION COMMISSION**  
**UTILITIES DIVISION**

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

A

W-01546A  
Arivaca Townsite Cooperative Water Company  
PO Box 398  
Arivaca, AZ 85601

RECEIVED

CORP COMM  
Director Utilities

**ANNUAL REPORT**

**FOR YEAR ENDING**

12	31	2006
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FOR COMMISSION USE

ANN 04	06
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PROCESSED BY:

9-26-07

SCANNED

### COMPANY INFORMATION

<b>Company Name (Business Name)</b> <u>ARIVACA TOWNSITE WATER Co op INC</u>		
<b>Mailing Address</b> <u>P.O. Box 398</u>		
<u>ARIVACA</u> (City)	<u>AZ</u> (State)	<u>85601</u> (Zip)
<u>(520) 398-8195</u> Telephone No. (Include Area Code)	 Fax No. (Include Area Code)	 Pager/Cell No. (Include Area Code)
<b>Email Address</b> _____		
<b>Local Office Mailing Address</b> <u>17140 W. 3RD STREET</u>		
<u>ARIVACA</u> (City)	<u>AZ</u> (State)	<u>85601</u> (Zip)
<u>SAME AS ABOVE</u> Local Office Telephone No. (Include Area Code)	 Fax No. (Include Area Code)	 Pager/Cell No. (Include Area Code)
<b>Email Address</b> _____		

### MANAGEMENT INFORMATION

<b>Management Contact:</b> <u>BARBARA LARSON</u> <u>DE FACTO PRESIDENT</u>		
<u>17360 W. CALE MAPACHE</u> (Street)	<u>ARIVACA</u> (City)	<u>AZ 85601</u> (State) (Zip)
<u>PO BOX 304</u> (Street)	<u>N/A</u> (City)	<u>N/A</u> (State)
<u>(520) 398-2320</u> Telephone No. (Include Area Code)	 Fax No. (Include Area Code)	 Pager/Cell No. (Include Area Code)
<b>Email Address</b> <u>BARB_LARSON47@YAHOO.COM</u>		
<b>On Site Manager:</b> <u>SHAUN QUINTERO</u>		
<u>P.O. Box 152</u> (Street)	<u>ARIVACA</u> (City)	<u>AZ 85601</u> (State) (Zip)
<u>(520) 398-2837</u> Telephone No. (Include Area Code)	<u>N/A</u> Fax No. (Include Area Code)	<u>N/A</u> Pager/Cell No. (Include Area Code)
<b>Email Address</b> <u>N/A</u>		

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

<b>Statutory Agent:</b> <u>EARL W. ANDERSON</u>			
(Name)			
<u>P.O. Box 487</u>	<u>ARIZONA</u>	<u>AZ</u>	<u>85601</u>
(Street)	(City)	(State)	(Zip)
<u>(520) 398-8084</u>	<u>N/A</u>	<u>N/A</u>	
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (Include Area Code)	
<b>Attorney:</b> _____			
(Name)			
_____	_____	_____	_____
(Street)	(City)	(State)	(Zip)
_____	_____	_____	_____
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (Include Area Code)	

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

### OWNERSHIP INFORMATION

Check the following box that applies to your company:

- |   |   |
|---|---|
| <input type="checkbox"/> Sole Proprietor (S)    | <input type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input type="checkbox"/> Partnership (P)        | <input type="checkbox"/> Subchapter S Corporation (Z)                     |
| <input type="checkbox"/> Bankruptcy (B)         | <input checked="" type="checkbox"/> Association/Co-op (A)                 |
| <input type="checkbox"/> Receivership (R)       | <input type="checkbox"/> Limited Liability Company                        |
| <input type="checkbox"/> Other (Describe) _____ |   |

### COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

- |                                     |  |                                   |
|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> APACHE     | <input type="checkbox"/> COCHISE         | <input type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA       | <input type="checkbox"/> GRAHAM          | <input type="checkbox"/> GREENLEE |
| <input type="checkbox"/> LA PAZ     | <input type="checkbox"/> MARICOPA        | <input type="checkbox"/> MOHAVE   |
| <input type="checkbox"/> NAVAJO     | <input checked="" type="checkbox"/> PIMA | <input type="checkbox"/> PINAL    |
| <input type="checkbox"/> SANTA CRUZ | <input type="checkbox"/> YAVAPAI         | <input type="checkbox"/> YUMA     |
| <input type="checkbox"/> STATEWIDE  |  |                                   |

COMPANY NAME

**UTILITY PLANT IN SERVICE**

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization	800	0	800
302	Franchises	500	0	500
303	Land and Land Rights	3,697	0	3,697
304	Structures and Improvements	32,761	13,302	19,459
307	Wells and Springs	14,286	8,518	5,768
311	Pumping Equipment	17,368	17,368	0
320	Water Treatment Equipment	2,603	377	2,226
330	Distribution Reservoirs and Standpipes	124,641	124,641	0
331	Transmission and Distribution Mains	59,245	29,787	29,458
333	Services	7,516	5,855	1,661
334	Meters and Meter Installations	2,773	403	2,370
335	Hydrants	1,863	270	1,593
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment	1,955	889	1,066
340	Office Furniture and Equipment	2,761	393	2,368
341	Transportation Equipment	800	116	684
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	<b>TOTALS</b>	<b>273,569</b>	<b>201,919</b>	<b>71,650</b>

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME

**CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR**

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization	800	0	0
302	Franchises	500.	0	0
303	Land and Land Rights	3,697	0	0
304	Structures and Improvements	20,483	.05	1,024.
307	Wells and Springs	6,072	.05	304
311	Pumping Equipment			
320	Water Treatment Equipment	2,343	.05	117
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains	31,009.	.05	1,551
333	Services	1,748	.05	87
334	Meters and Meter Installations	2,495	.05	125
335	Hydrants	1,677	.05	84
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment	1,859.	.05	93
340	Office Furniture and Equipment	2,493	.05	125
341	Transportation Equipment	720	.05	36
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	<b>TOTALS</b>	<b>75,896</b>		<b>3,546</b>

This amount goes on the Comparative Statement of Income and Expense  
Acct. No. 403.

COMPANY NAME

**BALANCE SHEET**

Acct .No.	ASSETS	BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	<b>CURRENT AND ACCRUED ASSETS</b>		
131	Cash	\$	\$
134	Working Funds	6,165.44	13,305.53
135	Temporary Cash Investments	10,000.00	10,000.00
141	Customer Accounts Receivable	(2,659.28)	1,022.48
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		359.29
162	Prepayments		
174	Miscellaneous Current and Accrued Assets	845.00	16.50
	<b>TOTAL CURRENT AND ACCRUED ASSETS</b>	\$ 14,351.16	\$ 24,703.80
	<b>FIXED ASSETS</b>		
101	Utility Plant in Service	\$ 273,569.00	\$ 273,569.00
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant	198,373.00	(201,919.00)
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	<b>TOTAL FIXED ASSETS</b>	\$ 75,196	\$ 71,650
	<b>TOTAL ASSETS</b>	\$ 89,547.16	\$ 96,353.80

**NOTE:** The Assets on this page should be equal to **Total Liabilities and Capital** on the following page.

COMPANY NAME

**BALANCE SHEET (CONTINUED)**

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	<b>LIABILITIES</b>		
	<b>CURRENT LIABILITIES</b>		
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits	638.50	180.00
236	Accrued Taxes	81.68	295.84
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	<b>TOTAL CURRENT LIABILITIES</b>	\$ 720.18	\$ 475.84
	<b>LONG-TERM DEBT (Over 12 Months)</b>		
224	Long-Term Notes and Bonds	\$	\$
	<b>DEFERRED CREDITS</b>		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	<b>TOTAL DEFERRED CREDITS</b>	\$	\$
	<b>TOTAL LIABILITIES</b>	\$ 720.18	\$ 475.84
	<b>CAPITAL ACCOUNTS</b>		
201	Common Stock Issued	\$	\$
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings	89,044.82	? *
218	Proprietary Capital (Sole Props and Partnerships)		
	<b>TOTAL CAPITAL</b>	\$ 89,044.82	\$ ?
	<b>TOTAL LIABILITIES AND CAPITAL</b>	\$ 89,765	\$ ?

\* UNSURE OF FIGURES  
AT THIS TIME

COMPANY NAME

**COMPARATIVE STATEMENT OF INCOME AND EXPENSE**

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 18,933.94	\$ 17,506.76
460	Unmetered Water Revenue	345.50	
474	Other Water Revenues	72.00	206.91
	<b>TOTAL REVENUES</b>	\$ 19,411.44	\$ 17,713.67
	<b>OPERATING EXPENSES</b>		
601	Salaries and Wages	\$ 5,400.00	\$ 4,975.00
610	Purchased Water	0	
615	Purchased Power	2,897.55	2,396.18
618	Chemicals		737.00
620	Repairs and Maintenance	3,503.64	2,222.35
621	Office Supplies and Expense	840.99	864.70
630	Outside Services, TELEPHONE		620.11
635	Water Testing	1,013.65	1,251.26
641	Rents		
650	Transportation Expenses		51.35
657	Insurance -- General Liability	505.05	1,266.00
659	Insurance - Health and Life		
666	Regulatory Commission Expense -- Rate Case		
675	Miscellaneous Expense, BANK EXP, DUES, LICENSES, ETC.		1,233.14
403	Depreciation Expense	6,328.00	3,546.00
408	Taxes Other Than Income		
408.11	Property Taxes	1,173.63	1,148.08
409	Income Tax		
	<b>TOTAL OPERATING EXPENSES</b>	\$ 21,662.51	\$ 20,311.17
	<b>OPERATING INCOME/(LOSS)</b>	\$ (2,311.07)	\$ (2,597.50)
	<b>OTHER INCOME/(EXPENSE)</b>		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	<b>TOTAL OTHER INCOME/(EXPENSE)</b>	\$	\$
	<b>NET INCOME/(LOSS)</b>	\$ (2,311.07)	\$ (2,597.50)



COMPANY NAME

**SUPPLEMENTAL FINANCIAL DATA**  
**Long-Term Debt**

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	%	%	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End \$

Meter Deposits Refunded During the Test Year \$

COMPANY NAME	
Name of System	ADEQ Public Water System Number (if applicable)

## WATER COMPANY PLANT DESCRIPTION

### WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
616979	7 1/2	120 gpm	120	12	3	1964
616980	7 1/2	120 gpm	80	8	3	1972

\* Arizona Department of Water Resources Identification Number

### OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
N/A		

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
5	1	3	

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
20,000 GALLON	1	2,000	2

*Note: If you are filing for more than one system, please provide separate sheets for each system.*

<b>COMPANY NAME</b>	
<b>Name of System</b>	<b>ADEQ Public Water System Number (if applicable)</b>

**WATER COMPANY PLANT DESCRIPTION (CONTINUED)**

MAINS		
Size (in inches)	Material	Length (in feet)
2		
3		
4	CAST IRON & PVC	3,800
5		
6	CAST IRON	4,000
8		
10		
12		

CUSTOMER METERS	
Size (in inches)	Quantity
5/8 X 3/4	123
3/4	
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Tubo 4	
Comp. 6	
Tubo 6	

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT: AUTOMATIC PELLET CHLORINATOR  
AT WELL SITE.

STRUCTURES: 2 Pump Houses.  
2 STORAGE SHEDS.  
1 OFFICE BUILDING

OTHER:

*Note: If you are filing for more than one system, please provide separate sheets for each system.*

COMPANY NAME:	
Name of System	ADEQ Public Water System Number (if applicable)

### WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2006

MONTH/YEAR	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	122	545060	639070	0
FEBRUARY	122	512480	567100	
MARCH	122	423000	481060	
APRIL	123	594050	686760	
MAY	123	774360	1195400	
JUNE	123	897280	955920	
JULY	123	991730	1020590	
AUGUST	123	612760	648140	
SEPTEMBER	123	344610	366900	
OCTOBER	123	496190	528320	
NOVEMBER	123	363030	402390	
DECEMBER	123	336420	457860	
TOTALS →		6,890,970	7,949,510	

What is the level of arsenic for each well on your system? 4.003 mg/l  
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? 1500 GPM for ? hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?  
(☒) Yes ( ) No

Is the Water Utility located in an ADWR Active Management Area (AMA)?  
( ) Yes (☒) No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?  
( ) Yes (☒) No

If yes, provide the GPCPD amount: NOT APPLICABLE

*Note: If you are filing for more than one system, please provide separate data sheets for each system.*

COMPANY NAME \_\_\_\_\_ YEAR ENDING 12/31/2006

**PROPERTY TAXES**

Amount of actual property taxes paid during Calendar Year 2006 was: \$ 1,148.08

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION  
AND  
SWORN STATEMENT**  
Taxes

RECEIVED  
JUL 25 2007  
CORP COMM  
Director Utilities

**VERIFICATION**

STATE OF AZ  
I, THE UNDERSIGNED  
OF THE

COUNTY OF (COUNTY NAME)	<u>Pima</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>B.A. LARSON DE FACTO Pres, B.O.D</u>
COMPANY NAME	<u>ARIVACA TOWNSITE WATER Co-OP</u>

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
<u>12</u>	<u>31</u>	<u>2006</u>

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

**SWORN STATEMENT**

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

Barbara A Larson  
SIGNATURE OF OWNER OR OFFICIAL  
(520) 398-8195  
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 25TH DAY OF

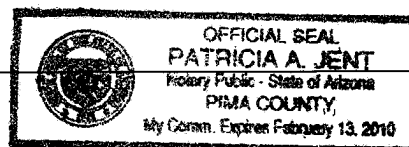
COUNTY NAME	<u>Pima</u>
MONTH	<u>Sept</u>
YEAR	<u>2007</u>

(SEAL)

MY COMMISSION EXPIRES

2-13-2010

Patricia A Jent  
SIGNATURE OF NOTARY PUBLIC



COMPANY NAME \_\_\_\_\_

YEAR ENDING 12/31/2006

**INCOME TAXES**

For this reporting period, provide the following:

Federal Taxable Income Reported \_\_\_\_\_  
Estimated or Actual Federal Tax Liability \_\_\_\_\_

State Taxable Income Reported \_\_\_\_\_  
Estimated or Actual State Tax Liability \_\_\_\_\_

Amount of Grossed-Up Contributions/Advances: \_\_\_\_\_

Amount of Contributions/Advances \_\_\_\_\_  
Amount of Gross-Up Tax Collected \_\_\_\_\_  
Total Grossed-Up Contributions/Advances \_\_\_\_\_

N/A  
NON-PROFIT  
CORPORATION

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

**CERTIFICATION**

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

Barbara A. Larson  
SIGNATURE

Sept 25, 2007  
DATE

BARBARA A. LARSON  
PRINTED NAME

De Novo Pres.  
TITLE

RECEIVED

VERIFICATION  
AND  
SWORN STATEMENT  
Intrastate Revenues Only

CORP COMM  
Director Utilities

VERIFICATION

STATE OF AZ

I, THE UNDERSIGNED

OF THE

COUNTY OR (COUNTY NAME)
<u>PIMA</u>
NAME (OWNER OR OFFICIAL) TITLE
<u>B.A. LARSON, De Anero Pres, BOB</u>
COMPANY NAME
<u>ARIVACA TOWNSHIP WATER COOP</u>

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
<u>12</u>	<u>31</u>	<u>2006</u>

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2006 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ 17,713.67

(THE AMOUNT IN BOX ABOVE  
INCLUDES \$ 0  
IN SALES TAXES BILLED, OR COLLECTED)

\*\*REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

Barbara A. Larson  
SIGNATURE OF OWNER OR OFFICIAL  
(520) 398-8195  
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

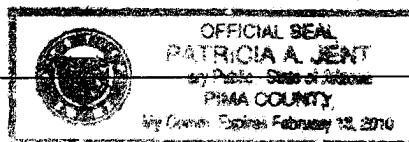
THIS 25th DAY OF

(SEAL)

MY COMMISSION EXPIRES 2-13-2010

COUNTY NAME
<u>Pima</u>
MONTH
<u>Sept</u>
YEAR
<u>2007</u>

Patricia A. Jent  
SIGNATURE OF NOTARY PUBLIC





**VERIFICATION  
AND  
SWORN STATEMENT  
RESIDENTIAL REVENUE**  
Intrastate Revenues Only

RECEIVED

ARIZONA CORP COMM  
Director Utilities

**VERIFICATION**

**STATE OF ARIZONA**

**I, THE UNDERSIGNED**

**OF THE**

COUNTY OF (COUNTY NAME) <u>Pima.</u>	
NAME (OWNER OR OFFICIAL) <u>B.A. LARSON DE FALCO PRES</u>	TITLE <u>D.F. Pres, B.O.D.</u>
COMPANY NAME <u>ARIVACA WATER Co-OP</u>	

**DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION**

**FOR THE YEAR ENDING**

MONTH	DAY	YEAR
<u>12</u>	<u>31</u>	<u>2006</u>

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**SWORN STATEMENT**

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2006 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES

\$ 17,713.67

THE AMOUNT IN BOX AT LEFT

INCLUDES \$ 0

IN SALES TAXES BILLED, OR COLLECTED)

\*RESIDENTIAL REVENUE REPORTED ON THIS PAGE  
MUST INCLUDE SALES TAXES BILLED.

Barbara A. Larson

SIGNATURE OF OWNER OR OFFICIAL

(520) 398-8195

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

25th

DAY OF

NOTARY PUBLIC NAME <u>Patricia A. Jent</u>	
COUNTY NAME <u>Pima</u>	
MONTH <u>Sept</u>	YEAR <u>2007</u>

(SEAL)

MY COMMISSION EXPIRES

2-13-2010

